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Form CHAR410 Online For new registrations, Amendments, and Re-registrations	Registration Statement for Charitable Organizations New York State Office of the Attorney General Charities Bureau - Registration Section 28 Liberty Street New York, NY 10005 www.charitiesnys.com	Open to Public Inspection
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Type of Filing:	☐ Registration	☒ Amendment	☐ Re-Registration
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1. Name of Charity Les Maitres d'Art Haitiens Trust		5. EIN 332947096	
2. c/o Name (if applicable)		6. Website	
3. Mailing address (Number and street) 1280 Lexington Ave FRNT 2 Apt 1176	Room/suite	7. Primary contact Malcolm G Cesar	
City or town, state or country and ZIP+4 New York, New York, 10028, United States		Title Trustee	
4. Principal address (Number and street)	Room/suite	Phone 478-972-5847	Primary Contact Email cmalcolm144@gmail.com
City or town, state or country and ZIP+4		Organization Email cmalcolm144@gmail.com	

1. Name		4. Title	
2. Name of Firm		5. Phone	
3. Mailing address (Number and street)		Room/suite	6. Email
City	State/Province	Postal Code	Country
7. Alternate Email			

1. Does the organization conduct activity (other than soliciting) in New York State?	☒ Yes ☐ No
2. When did the organization begin conducting activity?	18/02/2025
3. Does the organization maintain assets in New York State?	☒ Yes ☐ No
4. Does the organization solicit, or plan to solicit or receive more than \$25,000 in total contributions from New York State residents, foundations, corporations or government agencies?	☐ Yes ☒ No
5. If already soliciting, when did this activity begin?	
6. Does the organization contract with or plan in the future to contract with a professional fundraiser or fundraising counsel?	☒ Yes ☐ No

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1. Does the organization receive substantially all of its contributions from a government agency to which it submits annual financial reports? ☐ Yes ☐ No
2. Does the organization receive an allocation from a federated fund, United Way or incorporated community appeal? ☐ Yes ☐ No
3. Is the organization a government agency, controlled by a government agency, the U.S. Congress or New York State Legislature? ☐ Yes ☐ No
4. Was the organization formed for religious purposes? ☐ Yes ☐ No
5. Is the organization incorporated under the New York State Education Law? ☐ Yes ☐ No
6. If the organization is an educational institution, does it limit solicitation of contributions to the student body, alumni, faculty, trustees and their families? ☐ Yes ☐ No
7. Is the organization an educational institution or museum that files annual financial reports with the Board of Regents of the State University of New York or an agency with similar responsibilities in another state? ☐ Yes ☐ No
8. Is the organization a historical society chartered by the Board of Regents of the State University of New York?
 - 8a. Does the organization solicit contributions only from its membership? ☐ Yes ☐ No
9. Is the organization a library that files annual financial reports as required by the NYS Department of Education? ☐ Yes ☐ No
10. Is the organization a hospital, skilled nursing facility or diagnostic/treatment center? ☐ Yes ☐ No
11. Is the organization a membership organization?
 - 11a. Does the organization solicit contributions only from its membership? ☐ Yes ☐ No
12. Is the organization a volunteer firefighters or volunteer ambulance service organization? ☐ Yes ☐ No
13. Is the organization a veterans' organization, volunteer firefighters, volunteer ambulance corps, or an auxiliary of such organization and is its fundraising performed only by its members without direct or indirect compensation? ☐ Yes ☐ No
14. Is the organization a police department, sheriff's department or other government law enforcement agency? ☐ Yes ☐ No
15. Is the organization a law enforcement support organization that only solicits contributions from its members? ☐ Yes ☐ No
16. Is the organization a cemetery corporation subject to Article 15 of the NYS Not-for-Profit Corporation Law? ☐ Yes ☐ No
17. Is the organization a PTA affiliated with an educational institution subject to the jurisdiction of the NYS Education Department? ☐ Yes ☐ No
18. Is the organization incorporated under Article 43 of NYS Insurance Law? ☐ Yes ☐ No

Based on initial and exemption review, the organization is required to register under: Executive Law 7-A and The Estates, Powers & Trusts Law 8-1.4

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1. What type of organization is it? Trust			
a. Does the organization have Federal tax exemption status? No Which status?		d. Was the organization ever denied tax exempt status? No	
b. Has the organization applied for tax exemption status? No When did it apply?		e. Has the organization had its tax exempt status revoked? No When was it revoked?	
c. Organization's fiscal year end 12/31		f. When was the organization incorporated or formed? 02/18/2025 State in which incorporated or formed New York	
2. List all chapters, branches and affiliates of your organization (For additional rows, please use Appendix)			
Organization Name	Relationship	Mailing address (number and street, room/suite, City or town, state or country and zip+4)	
3. List all officers, directors, trustees, key persons/key employees (For additional rows, please use Appendix)			
Name	Title	Mailing address (number and street, room/suite, city or town, state or country and zip+4)	Email
Malcolm Cesar	TRUSTEE	1280 Lexington Ave FRNT 2 Apt 1176, New York, New York, 10028, United States	cmalcolm144@gmail.com
4. Other Names, Previous Names, and Registration Numbers			
a. Names/DBA/Assumed Names		c. Previous organization names	
b. Prior New York State charities registration numbers			

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5. Describe the organization's charitable purposes

Promote Haitian art and culture, support art education, empower artists, and aid global charitable causes.

6. Has the organization been prohibited by a government agency or court from soliciting contributions?

☐ Yes ☒ No

7. Have any of the organization's officers, directors, trustees, key persons/key employees been prohibited by a government agency or court from soliciting contributions?

☐ Yes ☒ No

8. Has the organization or its officers, directors, trustees, key persons/key employees been found in violation of any law in soliciting for a charity?

☐ Yes ☒ No

9. Has the organization or its officers, directors, trustees, key persons/key employees ever entered into any agreement with any regulatory body regarding its conduct in connection with any fundraising activity or misappropriation or misuse of the organization's money or property?

☐ Yes ☒ No

10. Has the organization's registration or license been suspended by a government agency?

☐ Yes ☒ No

11. Does the organization solicit or plan to solicit contributions in New York State?

☒ Yes ☐ No

solicitation aims to raise funds to support the Les Matières d'Art Haïtiens Trust in preserving and promoting Haitian culture and artistry. The funds will be used to:

Expand programs supporting Haitian artists and cultural initiatives.
Provide operational support for the Trust's activities, including staffing and outreach.
Facilitate community engagement through exhibitions, workshops, and educational projects.
Donations will directly contribute to preserving Haiti's artistic heritage and empowering its creative community.

12. Has the organization engaged fundraising professionals for fundraising in New York State?

☐ Yes ☒ No

Name	Type of FRP (see instructions for definitions)	Mailing address (number and street, room/suite, city or town, state or country and zip+4)	Dates of contract
	PFR ☐ FRC ☐		Start date: End date:
	PFR ☐ FRC ☐		Start date: End date:
	PFR ☐ FRC ☐		Start date: End date:

13. Does the organization have a conflict of interest policy?

☒ Yes ☐ No

14. Does the organization have a whistleblower policy?

☒ Yes ☐ No

15. Attached organization's required documents:

- ☒ Certificate of incorporation, including amendments or other organizing document
- ☒ Bylaws or other organizing document
- ☐ Other organizing documents (if applicable)

NYSCEF DOC. NO. 4

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Organization Name	Relationship	Mailing address

Name	Title	Mailing address	Email

Names/DBA/Assumed Names

Previous organization Name

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I certify under penalty for perjury that I reviewed this Registration Statement, including all schedules and attachments, and to the best of my knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this statement.

Role	First Name	Last Name	Title	Email Address
President or Authorized Officer/Trustee	Malcolm	Cesar	TRUSTEE	cmalcolm144@gmail.com
Chief Financial Officer or Treasurer				

Signature of President or
Authorized Officer/Trustee

Signed by:

Malcolm Cesar

4/6/2025

Signature of Chief Financial
Officer or Treasurer